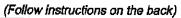
## FINANCIAL STATUS REPORT

(Short Form)





Federal Agency and Organizational Element     to Which Report is Submitted		Faderal Grent or Other Identifying Number Assigned     By Federal Agency     248-06			No.	Page of	
Denali (	Commission	Youth Psychiatric Faci	llilles-Planning, Design	& Construction	0348-0038	1 1 pages	
1	Organization (Name and complete a	- •				· · · · · · · · · · · · · · · · · · ·	
	Naska Department of Health a 1065 Juneau, AK 99811-065						
l P		5. Recipient Account Number 26115	er ar Identifying Number	6. Final Report Yes No	7. Basis  Cash Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) Te: (Month, Day, Year)			Period Covered by this Report     From: (Month, Day, Year)		To: (Month, Day	/, Year)	
8/15/2006 8/15/2008			1/1/2007		3/31/2007	··.	
10. Transactions;			Previously Reported	II This Period	III Cumulative		
a. Total outlays			0.00	64,198.50	64,198.50		
b. Recipient share of outlays			0.00	0.00	0.00		
c. Federal share of outlays			0.00	64,198.50	64,198.50		
d. Total unliquidated obligations					0.00		
a. Recipient share of unliquidated obligations					0.00		
f, Federal share of unliquidated obligations					0.00		
g. Total Federal share(Sum of lines a and f)					64,198.50		
h. Total Federal funds authorized for this funding period					1,519,532.00		
l. Unot	ollgated balance of Federal fundq'Line			1,4	55,333.50		
11. Indirect		Type of Rate(Place "X" in appropriate box)  Provisional Pred		Final	☐ Fixed		
Expense	b, Rate N/A	c. Base	d. Total Amount	e, F	Federal Share		
12. Remark legislatik	s: Attach any explanations deemed n on.	ecessary or information require	d by Federal sponsoring a	agency in compliance w	ith governing		
13. Certificat	ion: I certify to the best of my kno unliquidated obligations are	owledge and belief that this re for the purposes set forth in		plete and that all outla	ys and		
Typed or Printed Name and Title				Telephone (Area code, number and extension)			
Janet Clarke, Assistant Commissioner				(907) 465-1630			
Signature of	Authorized Certifyling Official  Jount Clark		Date Report Submitted	2007	en		
NSN 7518-0	-218-4387	289-20	02	Prescribe A.C.	e da 71 jm 269 No Circulars A-1	A (Rev. 7-97)	

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